

#### **Application Information**

Application number:: 09/827,271

Filing Date:: 04/04/01

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit:: 1642

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF::

Title :: COMPOSITIONS AND METHODS FOR THE

THERAPY AND DIAGNOSIS OF OVARIAN

CANCER

Attorney Docket Number:: 210121.462C6

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 101

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

### **First Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jennifer

Middle Name::

Family Name:: Mitcham

Name Suffix::

City of Residence:: Redmond

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 20330 Northeast 85th

City of mailing address:: Redmond

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98053

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#### **Second Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Gordon

Middle Name:: E

Family Name:: King

Name Suffix::

City of Residence:: Shoreline

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 15716 First Avenue Northwest

City of mailing address:: Shoreline

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98177

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#### **Third Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United Kingom

Status:: Full Capacity

Given Name:: Paul

Middle Name::

Family Name:: Algate

Name Suffix::

City of Residence:: Issaquah

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 580 Kalmia Place Northwest

City of mailing address:: Issaquah

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98027

#### **Correspondence Information**

Correspondence Customer Number :: 00500

#### Representative Information

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Representative Customer Number::		00500
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## **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
09/827,271	Continuation-in-part of	09/667,857	09/20/00
		6,699,664	
09/667,857	Continuation-in-part of	09/636,801	08/10/00
09/636,801	Continuation-in-part of	09/617,747	07/17/00
09/617,747	Continuation-in-part of	09/404,879	09/24/99
		6,468,546	

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
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# **Assignee Information**

Assignee name::	Corixa Corporation	
Street of mailing address::	1900 9th Avenue, Suite 1100	
City of mailing address::	Seattle	
State or Province of mailing address::	WA	
Country of mailing address::	US	
Postal or Zip Code of mailing address::	98101	

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